



4191-02-U

SOCIAL SECURITY ADMINISTRATION

[Docket No. SSA-2015-0045]

Agency Information Collection Activities: Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions and an extension of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB)

Office of Management and Budget

Attn: Desk Officer for SSA

Fax: 202-395-6974

Email address: OIRA_Submission@omb.eop.gov

(SSA)

Social Security Administration, OLCA

Attn: Reports Clearance Director

3100 West High Rise

6401 Security Blvd.

Baltimore, MD 21235

Fax: 410-966-2830

Email address: OR.Reports.Clearance@ssa.gov

Or you may submit your comments online through *www.regulations.gov*, referencing Docket ID Number [SSA-2015-0045].

- I.** The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**. Individuals can obtain copies of the collection instruments by writing to the above email address.

1. Employment Relationship Questionnaire -- 20 CFR 404.1007 -- 0960-0040.

When SSA needs information to determine a worker's employment status for the purpose of maintaining a worker's earning records, the agency uses Form

SSA-7160-F4 to determine the existence of an employer-employee relationship.

We use the information to develop the employment relationship; specifically to determine whether a beneficiary is self-employed or an employee. The respondents are individuals seeking to establish their status as employees, and the individuals alleged employers.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
Individuals	8,000	1	25	3,333
Businesses	7,200	1	25	3,000
State/Local Government	800	1	25	333
Totals:	16,000			6,666

2. Vocational Rehabilitation Provider Claim -- 20 CFR 404.2108(b),

404.2117(c)(1)&(2), 404.2101(b)&(c), 404.2121(a), 416.2208(b), 416.2217(c)(1)

& (2), 416.2201(b)&(c), 416.2221(a) -- 0960-0310. State vocational rehabilitation

(VR) agencies submit Form SSA-199 to SSA to obtain reimbursement of costs

incurred for providing VR services. SSA requires state VR agencies to submit

reimbursement claims for the following categories: (1) Claiming reimbursement

for VR services provided; (2) certifying adherence to cost containment policies and

procedures; and (3) preparing causality statements. The respondents mail the

paper copy of the SSA-199 to SSA for consideration and approval of the claim for

reimbursement of costs incurred for SSA beneficiaries. For claims certifying

adherence to cost containment policies and procedures, or for preparing causality

statements, State VR agencies submit written requests as stipulated in SSA's regulations within the Code of Federal Regulations. In most cases, SSA requires adherence to cost containment policies and procedures as well as causality statements prior to determining whether to reimburse State VR agencies. SSA uses the information on the SSA-199, along with the written documentation, to determine whether, and how much, to pay State VR agencies under SSA's VR program. Respondents are State VR agencies offering vocational and employment services to Social Security and Supplemental Security Income (SSI) recipients.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion (type of response as indicated below)	Number of Respondents	Frequency of Response	Number of Responses	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-199 CFR 404.2108 & 416.2208	80	160	12,800	23	4,907
CFR 404.2117 & 416.2217 Written requests	80	1	80	60	80
CFR 404.2121 & 416.2221 Written requests	80	2.5	200	100	333
Total	80		13,080		5,320

3. Testimony by Employees and the Production of Records and Information in

Legal Proceedings -- 20 CFR 403.100–403.155 -- 0960–0619. Regulations at 20

CFR 403.100–403.155 of the Code of Federal Regulations establish SSA's

policies and procedures for an individual, organization, or government entity to request official agency information, records, or testimony of an agency employee in a legal proceeding when the agency is not a party. The request, which respondents submit in writing to the Commissioner, must (1) fully set out the nature and relevance of the sought testimony; (2) explain why the information is not available by other means; (3) explain why it is in SSA's interest to provide the testimony; and (4) provide the date, time, and place for the testimony.

Respondents are individuals or entities who request testimony from SSA employees in connection with a legal proceeding.

Type of Request: Extension of an OMB-approved information collection.

Type of Request: Extension of an OMB-approved information collection				
Modality of Completion	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
20 CFR 403.100-403.155	100	1	60	100

- II.** SSA submitted the information collection below to OMB for clearance. Your comments regarding the information collection would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

Individuals can obtain copies of the OMB clearance package by writing to OR.Reports.Clearance@ssa.gov.

Function Report Adult -- 20 CFR 404.1512 & 416.912 -- 0960-0681.

Individuals receiving or applying for Social Security disability insurance (SSDI) or SSI must provide medical evidence and other proof SSA requires to prove their disability. SSA, and State disability determinations services on our behalf, collect the information using Form SSA-3373. We use the information to document how claimants' disabilities affect their ability to function, and to determine eligibility for SSI and SSDI claims. The respondents are Title II and Title XVI applicants (or current recipients undergoing redeterminations) for disability payments.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Responses	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-3373	2,085,721	1	61	2,120,483

Dated: July 14, 2015.

Faye I. Lipsky,

Reports Clearance Officer,

Social Security Administration.

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